MATURE DRIVER IMPROVEMENT COURSE CERTIFICATE, OL 1001
ORDER FORM

Instructions:

- Print clearly in black ink or type.
- This order form will only be accepted for ordering Mature Driver Improvement Course Certificates. Any changes made to this order form for a different type will *not* be accepted, and incomplete order forms will *not* be filled.
- Mail completed order form to: Department of Motor Vehicles, Traffic Violator School Unit, Mail Station L224, P.O. Box 932342, Sacramento, CA 94232-3420

Important: Pursuant to Section 1677(c) CVC, no course provider approved under this article shall do any of the following:

Furnish course completion certificates to course enrollees prior to, or in the absence of, completion of the curriculum, or charge fees in excess of the amounts specified in Section 1676(a) and (c) of the CVC.

Please send _____ **Mature Driver Improvement Course Certificates to:**
NUMBER OF BOOKS *(CERTIFICATES SOLD IN BOOKS OF 100 ONLY)*

BUSINESS NAME				PROVIDER ID NUMBER	
BUSINESS ADDRESS			MAIL TO ADDRESS *(IF AUTHORIZED BY DMV)*		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Must be signed by an individual, partner, principal corporate officer, manager, or administrator.

PRINTED NAME	TITLE	AREA CODE/TELEPHONE NUMBER ( )
SIGNATURE		DATE

Note: Allow 4 – 6 weeks to process your order. Courier Service will deliver all orders. Someone must be present to receive and sign for shipment.

If the above address differs from our records, please submit changes on business letterhead and include the Provider ID Number.

FOR DEPARTMENTAL USE ONLY–Complete this section when issuing Mature Driver Improvement Course Certificates.

DATE ORDER RECEIVED	BEGINNING NUMBER	ENDING NUMBER
PAID BY ☐ Check ☐ Money Order ☐ Other		AMOUNT ENCLOSED
DATE SENT TO SCHOOL	ISSUING EMPLOYEE'S PRINTED NAME	ISSUING EMPLOYEE'S SIGNATURE